



PARKS, RECREATION & COMMUNITY SERVICES DEPARTMENT
SUMMER 2019 CAMP ENROLLMENT FORM



FAMILY INFORMATION

Parent/Guardian #1: First Name _____ Last Name _____

Mailing Address: _____

Lives with Child: YES NO

Telephone: (____) _____ - _____ Cell phone: (____) _____ - _____ Work Phone: (____) _____ - _____

E-Mail Address: _____

Relationship to Child(ren): _____

Parent/Guardian #2: First Name _____ Last Name _____

Mailing Address: _____

Lives with Child: YES NO

Telephone: (____) _____ - _____ Cell phone: (____) _____ - _____ Work Phone: (____) _____ - _____

E-Mail Address: _____

Relationship to Child(ren): _____

Additional People Authorized to Pick Up Child(ren) Other Than Parents/Guardian:

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

Additional Emergency Contacts Other Than Parents/Guardian:

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

Name: _____ Telephone: (____) _____ - _____ Relationship to Child: _____

